

Moorcroft Care Homes Ltd

Moorcroft House

Inspection report

18 Laughton Road
Thurcroft
Rotherham
South Yorkshire
S66 9LP

Tel: 01709548129

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection of Moorcroft House took place on the 14 November 2017. The inspection was announced.

Moorcroft House is registered to provide accommodation and personal care for three people. The home provides care and support for people with learning disabilities who may have additional physical needs. At the time of the inspection there was one person using the service.

At the time of our inspection the service had a manager in post that was registered with the Care Quality Commission. However, they had been absent from work since April 2016. The nominated individual was acting as the manager in their absence and had applied for registration with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection of the service on 08 September 2016 we rated the service as "Requires Improvement". This was because we found deficiencies in the way medicines and recruitment were managed. This meant the provider was in breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us an action plan setting out the actions they would take to meet the regulation. During this inspection we found appropriate systems were in place to ensure that people's medicines and staff recruitment were managed in a proper and safe way.

Staff followed the service's policies and procedures to protect people from a potential harm and abuse. Care plans were linked to risk assessments to guide staff on the support people required to stay safe. Robust systems were in place to check staff's suitability for the post before they started working with people. When necessary, cover was provided to ensure adequate staffing levels at the service. Staff were trained and followed the service's requirements on how to manage medicines safely.

Staff were provided with appropriate training for their role. Staff supported people to book and attend their health appointments as necessary. People made choices about the food they wanted to eat. Staff received support to carry out their responsibilities as necessary, this included regular supervision meetings.

Staff recruitment procedures were robust and staff were provided with regular training and supervision. We found there were enough staff on shift to meet people's needs.

People were involved in the planning of their care and support where possible. Care plans contained information about people's wishes and preferences. They showed people's skills in relation to tasks and what support they required from staff, in order that their independence was maintained. People had

involvement in the regular reviews of their care and support.

People were relaxed in staff's company. People were treated with dignity and respect and their privacy was respected. Staff were kind and patient in their approach, but also used good humour. Staff had built up relationships with people and were familiar with their life stories and preferences.

People had a varied diet and could be involved in planning the menus. Staff supported people's dietary needs and requests. People had a programme of leisure activities and went out and about as they wished.

There were systems in place to assess, monitor and improve the quality and safety of the service. Staff described the registered provider as supportive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

This domain was previously rated 'requires improvement'. It is now rated 'good'.

Staff knew how to recognise and respond to abuse and understood their responsibility to keep people safe and protect them from harm.

Risks to people were identified and measures were in place to minimise and manage the risks to people's safety.

Medicines were managed and administered appropriately and safely.

Arrangements were in place to make sure sufficient numbers of skilled staff were deployed.

Recruitment and selection arrangements made sure only suitable staff with appropriate skills and experience were employed to provide care and support for people.

Is the service effective?

Good ●

The service remains 'good'.

Is the service caring?

Good ●

The service remains 'good'.

Is the service responsive?

Good ●

The service remains 'good'.

Is the service well-led?

Good ●

The manager reviewed the service. Audits and checks were in place to ensure the service ran effectively.

There was an open and supportive culture within the service.

Records were accurate and up to date and were stored securely.

Moorcroft House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 November 2017 and was announced. The inspection was carried out by one adult social care inspector.

Before the inspection, we reviewed the information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. In addition we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we spent time and spoke with the one person who currently lived at Moorcroft House. We attempted to gain feedback from relatives and external professionals who had experience of the service following the inspection, but were unsuccessful. We looked around the premises and observed care practices on the day of our visit.

We reviewed one person's care records including their medicines administration records. We looked at two staff files including recruitment, training, supervision and duty rotas. We read other records relating to the management of the service that included incident reports, safeguarding concerns, complaints and audits to monitor quality of the service.

Is the service safe?

Our findings

At the last inspection in September 2016 this key question was rated as 'requires improvement'. We previously found that the provider had not always recorded issues that had been identified within the recruitment checks carried out to ensure robust procedures were followed. We were also unable to reconcile one of the person's prescribed medications.

At this inspection we found that improvements had been made and determined that the rating is 'good'.

People told us they felt safe living at Moorcroft House. One person told us, "I think I am in very good hands here, yes I feel safe."

People were protected by staff who had been trained in safeguarding vulnerable adults and there was guidance available for them to refer to. Staff understood their responsibilities and acted to protect people from harm. When necessary, concerns had been reported appropriately and notifications had been sent to the Care Quality Commission within the required timescales. Staff were familiar with the provider's whistleblowing policy and were aware of actions to take and contact numbers should they need to raise a concern. They told us they were confident any reported concerns would be addressed swiftly.

Risks to people's safety and health were assessed, managed and reviewed. People's records provided staff with information about any identified risks and the action they needed to take to keep people safe. For example, to prevent someone from developing pressure sores specific equipment was in place. This meant staff had the guidance they needed to help people to remain safe.

Since the last inspection action had been taken to ensure people were protected by robust recruitment procedures. We looked at two recruitment files of staff that had been recruited since the last inspection. Recruitment records included the required pre-employment checks to make sure staff were suitable and of good character. For example work history, references and disclosure and barring service checks. During our inspection we observed there were sufficient numbers of staff on duty during the day to ensure people were kept safe and their needs were met in a timely manner.

There was a medicine administration procedure in place. Staff had received training in medicine administration and following this their competency was checked by the manager. During the inspection medicine administration followed a safe practice. Staff were patient and administered medicines at the person's own pace and medicines were stored securely. All medicine stocks tallied with those on the medication administration record (MAR).

The provider carried out checks on the environment to ensure it was safe. Regular testing of the fire alarms, fire panels and emergency lighting took place. Fire evacuation procedures were done periodically and risk assessments for fire were completed. Up to date test certificates were seen for the emergency lighting, gas safety and portable electrical appliances.

Is the service effective?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

One person told us they were happy living at the service, they said, "I am really happy here, everything is fantastic." People received effective support from staff who were skilled and trained in their job role. Staff received a full induction prior to beginning work and then spent time shadowing and working alongside experienced staff. They told us this had prepared them for working independently with people but stressed they could always refer back to the more senior staff for guidance and support if needed.

People's rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. We saw information in people's support plans about mental capacity and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been applied for appropriately. These safeguards aim to protect people living in homes from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely.

Staff completed Mental Capacity Act 2005 (MCA) training and understood the importance of promoting choice and empowerment to people when supporting them. Where possible the service enabled people to make their own decisions and assist the decision making process where they could. Each member of staff we spoke with placed emphasis on enabling the people they assisted to make their own choices, such as using pictorial indicators and being trained in understanding each person's non-verbal communication methods.

People were supported by skilled staff with a good understanding of their needs. Staff talked about people knowledgeably and we observed people being supported according to their individual needs and preferences.

Staff we spoke with told us they were well supported by management. They said they received training that equipped them to carry out their work effectively. Training records showed staff had completed a range of training sessions. Training included basic, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), infection control, food hygiene, health and safety, fire safety, safeguarding adults, medicines, manual handling, and nutrition and hydration. One staff member told us, "I get access to lots of training, most of it through the local authority."

We heard staff offering people choices and gaining consent from them throughout the day. This consent was recorded in people's care files and reviewed as a part of the regular care plan review process. We saw that people could access all areas of the home when they wanted to. People could also visit the local community with support from staff. This meant that people could have the independence and freedom to choose what they did and where they went, in safety with as little restriction on their liberty as possible.

People had support to meet their nutritional needs. People told us they had different meals every day. One person said the food was "lovely." They also told us, whilst they were eating their breakfast, "I like to get my fruit and fibre." Staff told us and we saw that people were supported to be as involved as possible in preparing their own meals. People also said they assisted to do food shopping.

Staff supported people to maintain good health. People told us that staff assisted them to attend their medical appointments as necessary. People had Health Action Plans in place that included information about their health needs such as allergies and the attended health appointments. This ensured that staff monitored and adhered to people's medical needs as required.

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People told us that staff attended to their care with respect. A person said, "I have lived here for a long time and I am very happy. The staff are all very nice." A staff member told us, "I wouldn't be working here if I didn't think people were well cared for."

People appeared comfortable with staff and spending time talking and engaging in activities with them. Staff were attentive and showed people patience and respect. The manager told us, "Our staff are committed to the people they support."

Staff spoke knowledgeably about people and told us how they preferred their care and support to be given, which showed they knew them well. We observed that staff spoke with people in a respectful manner and always made eye contact with them.

Staff understood the importance of preserving people's dignity, independence, privacy and choices. Staff were provided with guidance on how people's rights were respected in their care plans. One staff member told us, "We do some very personal tasks and it's important that we don't lose sight of that and ensure respect and preserving dignity is always there."

People were supported to maintain contact with family and friends. People's loved ones were able to visit when they wanted and there were no restrictions on this. The service allowed people to spend time on their own or in communal areas and staff respected people's choices. People, with the support of their families were encouraged to choose how they wanted their room decorated and furnished and they were individual to each person.

Staff supported people to take part in the activities of their choice. People said they went out when they wanted to and had the support of staff to do so. Records showed that people went on holiday. One person told us, "I look forward to a trip to Butlins holiday park." They also spoke enthusiastically about the Western films they liked to watch and their collection of records.

Is the service responsive?

Our findings

At this inspection, we found people continued to receive care that was personalised and staff were as responsive to people's needs as they were during the previous inspection. The rating continues to be Good.

The service was responsive to a person's needs. People's needs were met by staff who worked together to offer the best care they could. People received good care that was personal to them and staff assisted them with the things they made the choices to do. We observed and people told us that they were happy living in the service and they received the support they required. One person told us, "I have everything I need, I am happy here." One member of staff told us, "I believe we're very person-centred and try to give the best care possible yet promote independence."

Care plans contained information about people's wishes and preferences. People had been involved in developing their care plan where possible. Care plans contained details of people's preferred routines, such as a detailed account of how to support the person with their personal care routine. This included what they could do for themselves and what support they required from staff. Care plans reflected the care and support people received during the inspection. Staff were very familiar with people and their care and support needs. They were able to tell us about people's individual preferred routines and their current care and support needs in detail.

Daily log sheets were completed for people with details of what time they woke up, who they were supported with or did their personal care, support with medicines and what they had eaten. Any issues or incidents were also documented.

People had a programme of activities in place, which they had chosen or were based on their known likes and dislikes. Activities included listening to music films, television and sport. In discussions with people and staff it was apparent people spent their time as they wished and had a variety of activities within house if they choose, for example, baking. One person told us, "I don't have any restrictions really, if I want to do something the staff help me."

There was a complaints policy in place and displayed. People told us they would speak to staff if they were unhappy, but did not have any concerns. The manager told us that any concerns or complaints would be taken seriously and used to learn and improve the service.

Is the service well-led?

Our findings

At the last inspection in September 2016 this key question was rated as 'requires improvement' as we found systems and processes to monitor the quality of the service were not effective. The service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made and determined that the rating is 'good'.

We found that the service was well-led. One person said, "They [manager] are very nice." A staff member described the manager as, "very supportive." Staff confirmed that they would approach the manager if they had any concerns. Team meetings were held to discuss operational issues and people's needs. One member of staff told us, "Everyone communicates well and supports each other. I know if I had a problem, I could approach the manager and she would be supportive and understanding."

Communication books were in place for the staff team. We saw that staff detailed the necessary information such as changes in support plans and people's chosen activity requests for the next day. This meant that staff had all the appropriate information at staff handover.

Checks and audits were carried out within the service to monitor quality and to identify how the service could be improved. This included regular checks on areas such as the temperatures of food, fridge freezers, health and safety and fire safety. However, records showed that the medicine audits did not have enough depth meaning that errors could go un-noticed. We discussed this with the registered provider who immediately began the process of implementing a new and more robust medicines audit.

A quality assurance survey was conducted annually and views were sought from people, their families and other professional stakeholders. The results of this survey were shared with people and whenever possible suggestions were used to make improvements.

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. The service made appropriate notifications to the Commission.